

MONTANA MENTAL HEALTH NURSING CARE CENTER MANDT HOLD/INVOLUNTARY IM MEDICATION ADMINISTRATION

Date: _____ **Resident Name:** _____
Time Initiated: _____ **Time Terminated:** _____ (Reminder that the maximum recommended time limit is 3 minutes for the use of the MANDT System restraints. 1 minute ideally).

Antecedent/Behaviors leading to procedure:

Describe less restrictive measures used to avoid use of Mandt Hold and/or Involuntary Administration of IM Medication: ie: verbal reassurance/redirection, 1:1 interaction, stimuli reduction, diversional activities, environmental change, po prn medication administered:

Medical Concerns: ☐ Obesity ☐ Spinal Injury ☐ Pregnancy ☐ Recent emesis
☐ Seizure Hx ☐ ☐ Diabetes ☐ Cardiac ☐ Respiratory ☐ Recent food/fluid intake
☐ Trauma Hx ☐ Compromised skin Integrity ☐ Severe exertion associated with procedure
☐ No injury noted
☐ Injury at time of procedure (describe): _____
☐ Other: _____

Rational for use of Mandt Hold and/or Involuntary IM medication administration:

☐ Imminent Danger to Self ☐ Imminent Danger to Others
☐ Other (Explain)

Type of hold and/or IM medication used:

Resident Reaction to Procedure:

Effectiveness of Mandt Hold and/or involuntary IM medication administration:

☐ Very effective ☐ somewhat effective ☐ not effective ☐ other (explain):

Personnel involved with procedure: (name & position)

Resident Debriefing held after incident as appropriate: Yes No

Employee Debriefing held after incident as appropriate: Yes No

- What did we do?
- Is there anything that could have been done differently to minimize the need for a MANDT HOLD?
- What training, if any, would be helpful to staff in performing your jobs while maintaining a safe environment?
- Is everyone okay?

Behavioral Criteria Met and Behavior Plan reviewed: Yes No

Family Communication/Information/Notification: Yes No

Nurse Post Incident Assessment per Policy and Procedure # 506:_____

Vitals: _____

RN Signature_____ **Date:**_____

Clinical Leadership Notified:

Psychology Specialist Notified Y N Administrator Notified Y N

Reviewed at Standup Signature:_____ **Date:**_____

Discussion:_____
